

RELIGIO-CULTURAL INTEGRATION AMONG
MUSLIM-AMERICANS

A Dissertation

by

GLENN RICHARD OLDS, JR.

Submitted to the Office of Graduate Studies of
Texas A&M University
in partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

August 2009

Major Subject: Counseling Psychology

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ABSTRACT

Religio-Cultural Integration among Muslim-Americans.

(August, 2009)

Glenn Richard Olds, Jr., B.A., Texas A&M University

Chair of Advisory Committee: Dr. Michael Duffy

Traditionally the empirical study of acculturation has focused on the integration, preservation, or abandonment of one's ethnic heritage in relation to the host culture. This study attempted to broaden the concept of the acculturation process by examining the interaction between an immigrant's religious identity and the host culture. It was hypothesized that for Muslims living in America the integration of one's Islamic and American identities, as compared to level of integration between one's ethnic heritage and American identities, would provide unique value in predicting the level of acculturation stress, depressive symptoms and life satisfaction. Identity integration between Islamic and American identities was found to correlate with decreased acculturation stress, decreased depressive symptoms and increased life satisfaction and in some instances provided significant predictive value when compared to only an assessment of bicultural integration. Implications of this and other findings were explored.

DEDICATION

I would like to dedicate this dissertation to my grandfather, Dr. Glenn A. Olds. His vision, conviction and lifelong commitment to education, dialog and a more just and humane future for people of all nations, races and faiths, is an enduring source of personal inspiration. He was truly a global citizen.

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All thanks and praise be to Allah, the Infinitely Compassionate, the Most Merciful.

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I would also like to thank my parents for encouraging me to find my own path on this journey. Growing up in a family that traveled as much as we did, it might have been easy to feel lost amid the shifting currents of cultures and contexts. I'm grateful that no matter where we lived, I always felt that I was home.

Finally, I would like to thank my wife and life companion, Tori. Thank you for your patience, your support and your gentle spirit. We've been together for nearly ten years now and I've yet to meet a more beautiful, wondrous human being.

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CHAPTER I

INTRODUCTION

In an increasingly globalized world, the study of acculturation has gained prominence within the psychological literature. This is particularly true in the US where 11.7% of all people living in America were born on foreign soil (U.S. Census, 2004). In 1936, Redfield, Linton, and Herskovits (p.149) introduced what has come to be considered the classical definition of acculturation. They propose that “acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups.” While this definition acknowledges the potential for change in both groups, early work tended to focus on the change process for the immigrant group and to view a complete adoption of the host culture as the terminal destination (Berry, 1997).

Within the last fifty years, the study of acculturation has moved beyond a simplistic one-dimensional representation beginning with contact and ending with assimilation, toward an acknowledgement of the multidimensionality of the acculturation process. While numerous models have been proposed as a means of mapping this change, John Berry, a psychologist who began his career studying the multicultural milieu of Canada, has developed one of the models that is most widely recognized (1990).

This dissertation follows the style of *Journal of Counseling Psychology*.

According to Berry's model of acculturation, immigrants entering into a new culture are faced with two questions: 1. "Do I want to preserve my culture of origin?" 2. "Do I want to adopt this new culture?" Immigrants can answer these questions in one of four ways. One group says "yes" to preserving his or her cultural heritage and also says "yes" to the new culture. People who chose this approach are considered to be interested in *integration*. A second group says "yes" to preserving his or her cultural heritage and "no" to the new culture. These people are said to take an approach based on *separation*. The third group says "no" to preserving his or her cultural heritage and "yes" to the new culture. These people are considered to be following a path of assimilation. The fourth group says "no" to involvement in either their cultural heritage or the host culture and enters into a state of marginalization (Berry, 2006).

Of these four approaches, integration has generally been found to be associated with the most positive psychological outcomes (Abu-Rayya, 2006; Berry, 1997). Conversely, those who have been marginalized from both their cultural heritage and their host culture are consistently found to have the highest prevalence of mental illness (Bhui, Stansfeld, & Head, 2005), and the lowest level of self-esteem (Giang & Wittig, 2006). Further work in this area has highlighted the importance of considering both the acculturation responses of the immigrant and the responses of the host culture (Bourhis, Moïse, Perreault, & Senécal, 1997). For example, integration may not be successful, or even possible, in a society where policies involving the segregation or the assimilation of minorities are strictly enforced (Onishi & Murphy-Shigematsu, 2003). Therefore, depending on the society, assimilation or separation may be a more "successful"

strategy.

As the immigrant enters into the host culture she or he is forced to adapt. Whether the individual chooses to emulate the new culture or to reject it, he or she must encounter and react to a new culture. It was found that some immigrants were able to cope with this encounter while others experienced what was referred to as *culture shock* (Berry, 2006). In recent years, the cross-cultural movement has shifted to describing these difficulties as *acculturative stress*.

Berry (2006) argues that this new term is more appropriate for a number of reasons. First, the term acculturation stress is more accurate. Acculturation implies an interaction between cultures as well as a fluid process, as opposed to the more static, monolithic term, *culture*. Secondly, stress, as opposed to shock, is an already well-studied construct, thus promoting conceptual integration into the psychological literature. Thirdly, the term acculturation stress broadens the concept of culture shock by permitting it to be measured upon a continuum as opposed to as a diagnosis. Finally, culture shock predicts only negative outcomes, whereas acculturation stress can lead to both positive and negative changes (Berry, 2006).

Given the positive mental health outcomes that are associated with the integrative strategy, recent research has focused on understanding the intra-psychic process of integration (Phinney, 1999). One example is the instrument entitled Bicultural Identity Integration (BII), which examines the way in which individuals deal with the challenge of reconciling disparate cultural identities. Some may deal with this challenge by keeping these two cultures distant and distinct. Others may perceive a conflict and feel

torn between these cultural identities (Benet-Martinez & Haritatos, 2005). While the initial results from this measure have been positive, further exploration of this construct, particularly with diverse respondents, has been recommended (Benet-Martinez & Haritatos, 2005). In contrast to traditional acculturation studies that have focused on the integration of a minority identity with a culturally dominant identity, the BIIS examines identity integration from a non-hierarchical perspective. This approach is conducive to examining forms of identity integration that fall outside of the traditional ethnic, immigrant-focused investigations of acculturation.

Religion and Acculturation

In 1955 Herberg first proposed that religious identity may play a unique role in the acculturation process of American immigrants. He argued that the U.S. was a faith-oriented culture where religious identity was more salient than ethnic identity. He proposed that in contrast to the pervading “melting pot” view of American society, there were actually multiple separate melting pots (Protestant, Catholic, and Jewish) and that while ethnic identification may decrease between generations, religious identity remains a relevant identification even among second and third generation immigrants.

Despite the fact that contemporary authors have begun to once again call for investigations into the religious dimensions of acculturation (Amer, 2005; Kibria, 2008; Ross-Sheriff, 2001; Sheikh, 2008), acculturation research as a whole has maintained a bias towards ethnic or racial definitions of identity. This preference is highlighted in the following definitions, which state that “Acculturation is... a multidimensional process that includes one’s orientation to both one’s ethnic culture and the larger society”

(Phinney, 1996, p. 922), or describe acculturation “as the issue of how individuals develop a sense of community around national, cultural, ethnic, and racial group membership becomes particularly meaningful in situations of cultural clashing, mixing, and integration” (Benet-Martinez & Haritatos, 2005).

Given recent world events, including the profound and tragic results of global terrorism fueled by religious extremism, as well as the rise of political Islam and the visibility of Huntington’s “clash of civilizations” theory (1993), in which he proposes that irreconcilable differences between civilizations will lead to an inevitable global conflict between Western world and Islamic world, it is quite surprising that religion should not be included in these definitions. A review of the acculturation literature revealed that in practice religion is not excluded from study, but rather is often seen as a culture-bound phenomenon, subordinate to ethnic culture (Amer, 2005; Ferguson, 2004; Ghuman, 1998). While culture certainly has an impact on the way in which religion is practiced and interpreted, the reverse is also true, with religion serving as a collective of beliefs and practices that transcend ethnic and national boundaries. This is certainly true in Islam, where the religious texts are highly standardized and the traditions of Sunnah, Hadith, Sharia and Fiqh have a homogenizing effect on the ideology and behaviors of an estimated 1.3 billion Muslims around the globe. (U.S. Central Intelligence Agency, 2007).

Purpose of Study

All of these findings seem to indicate that the maintenance or abandonment of one’s religious identity may play a critical role in the acculturation process perhaps,

particularly for Muslim-Americans. Specifically, this study will investigate the role that the maintenance, integration, and practice of a minority religious identification (vs. ethnic identification) play in the acculturative process of Muslims living in America.

Hypotheses

Research has clearly demonstrated that the integration of disparate identities is associated with positive mental health outcomes. These findings were recently extended in a large study of Arab Americans, many of whom were incidentally Muslim (Amer, 2005). Significant discrepancies between levels of acculturative stress for Christians and Muslims highlighted the importance of examining the role that religious identity may play in the acculturation process. In order to better understand this dynamic, the current study aims to broaden the conceptualization of acculturation by focusing specifically on the religious dimensions of identity integration. Towards this end, the current study tested four main hypotheses:

1. Level of religio-cultural behavioral integration between participants' Islamic faith and mainstream American culture, as measured by a modified version (VIA-Islamic version) of the Vancouver Index of Acculturation (VIA, Ryder, Alden, & Paulhus, 2000), will be negatively correlated to level of acculturative stress, as measured by the Social, Attitudinal, Familial, and Environmental Acculturation Stress Scale (SAFE, Mena, Padilla, & Maldonado, 1987) and depressive symptoms, as measured by the Center for Epidemiologic Studies-Depression Scale (CES-D). This relationship will be moderated by religiosity, as measured by the Religious Commitment Inventory (RCI-10), such that the correlation will be stronger for

individuals with higher levels of religiosity. This hypothesis was test for the primary sample as well as the following subsamples: men, women, foreign-born, native-born, non-converts, converts, converts of color and converts of European descent.

2. Religio-cultural identity integration, as measured by a modified version (RCIIS) of the Bicultural Identity Integration Scale (BIIS; Benet-Martinez & Haritatos, 2005) and the single item measure of religio-cultural identity integration will be negatively correlated with acculturation stress, as measured by the SAFE, and depressive symptoms, as measured by the CES-D. This relationship will be moderated by religiosity, as measured by the Religious Commitment Inventory (RCI-10), such that the correlation will be stronger for individuals with higher levels of religiosity. This hypothesis was test for the primary sample as well as the following subsamples: men, women, foreign-born, native-born, non-converts, converts, converts of color and converts of European descent.
3. Religio-cultural integration, as measured by the VIA-Islamic Version, the RCIIS and the single item measure of religio-cultural identity integration, will provide unique explanatory value when compared to simply looking at bicultural identity integration, as measured by the original form of the BIIS, the VIA and the single item measure of bicultural identity integration. This hypothesis was test for the primary sample as well as the following subsamples: men, women, foreign-born, native-born, non-converts, converts, converts of color and converts of European descent.
4. Consistent with previous findings, religiosity will be positively correlated with life

satisfaction (Suhail & Chaudhry, 2004), and negatively correlated with depressive symptoms (Abdel-Khalek, 2007; Amer and Hovey, 2005). This hypothesis was test for the primary sample as well as the following subsamples: men, women, foreign-born, native-born, non-converts, converts, converts of color and converts of European descent.

CHAPTER II

REVIEW OF THE LITERATURE

In 1921 Congress passed the Emergency Quota Act and subsequently the Immigration Act of 1924. These laws were a reaction to changing demographics of American immigrants. Prior to the 1890's, the majority of American immigrants were from Northern and Western Europe, but between 1890 and 1920 increasing numbers began emigrating from Eastern and Southern Europe as well as Asia. These new immigrants not only brought a different language and culture, but also practiced a different faith.

Up until 1890, the vast majority of immigrants were Protestant, but this new wave of immigrants was a heterogeneous mix that also included large numbers of Catholics as well as Jews, Orthodox, Buddhists, and others. The Emergency Quota Act and the Immigration Act of 1924 were meant to redress a perceived demographic imbalance among American Immigrants, but also represented anti-immigrant sentiment and a questioning of the “melting pot” ideal. Perhaps it is not surprising that it was within this context—a period marked by an increase in both diversity and cultural conflict—that the first psychological models of acculturation arose.

Current authors looking back at this period in acculturation research have asserted that these early theories uncritically recapitulated the pervading American ethos of “melting pot” acculturation (Berry, 2006). Berry and others purport that these theories framed acculturation as a unidimensional model with immigrants slowly abandoning ties with their country of origin and adopting the dominant American language, behaviors,

and values. This assumption has recently been called into question by Rudmin's extensive literature analysis of acculturation theory and research (Rudmin, 2003). In his analysis, Rudmin reveals a far more complex picture where multidimensional models of acculturation were published as early as 1918 (Thomas & Znaniecki, 1958).

Additionally, this commonly cited definition of acculturation: "Acculturation comprehends those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact, with subsequent changes in the original culture patterns of either or both groups" (Redfield, Linton, & Herskovits, 1936, p. 149), clearly contradicts the assertion that all early theorists viewed acculturation as a "one-way street." Rudmin argues that such assumptions and inconsistencies result from the fact that new theories are often proposed without a thorough review of the existing literature. This disjointed, ahistorical approach is likely to be partly due to the multidisciplinary nature of acculturation literature, but may also reflect the susceptibility of this field to common sense assumptions and personal and cultural biases (Miller, 1924). Rudmin notes that this inconsistency in findings is further exacerbated by methodological errors and inconsistent definition of terms (Rudmin, 2003).

The result of this lack of theoretical and methodological continuity is that the field continued to "reinvent the wheel" of acculturation typologies, while promising directions for study and conflicting findings often remain neglected. Between 1918 and 1983, 67 different typologies were proposed with different labels to describe a similar phenomenon. In addition, these theoreticians often made strikingly different predictions about the psychological outcomes associated with each of these "types."

Some consolidation was finally brought to the field in 1984 with the publication of Berry's fourfold typology. This widely cited two-dimensional model of acculturation served an important role in promoting linguistic consistency and providing a baseline set of assumptions for latter theoreticians to work from and critique. Berry argued that upon entering the host country, immigrants are forced to answer two questions. The first question is "will I preserve my heritage culture?" The second is "will I adopt the new host culture?" In Berry's model, an immigrant's acculturation strategy is determined by how they answer these two questions, as seen in the following diagram.

		Preserve Heritage Culture?	
		Yes	No
Adopt Host Culture?	Yes	Integration	Assimilation
	No	Separation	Marginalization

Figure 1. Four Types of Acculturation Strategy

Berry believed that categorizing immigrants into one of four strategies--assimilation, separation, integration, and marginalization--could serve as a useful tool for explaining behavioral and psychological differences among immigrants or immigrant groups. He further hypothesized that those who adopted a strategy of integration would, on average,

report the most positive psychological outcomes and that those who adopted a strategy of marginalization would report the lowest levels of psychological adjustment.

These hypotheses have often, but not always, been supported by the psychological literature. Ataca and Berry's (2002) study of Canadian Turkish immigrants emphasized the importance of examining the role of external factors such as SES and gender in determining acculturation attitudes and predicting the variation psychological outcomes among immigrants who pursue the same acculturation strategy. This study also highlighted the distinction between sociocultural or behavioral adaptation and psychological adaptation. For example, among the four groups of Turkish immigrants surveyed, women of low SES scored lowest on sociocultural adaptation while simultaneously reporting the highest level of life satisfaction.

Abu-Rayya (2006) found that among Arab European adolescents in Israel, integration and separation strategies were both statistically identical with regard to the mental health outcomes of depression, anxiety, self-esteem, and positive relations with others. Similarly, Onishi and Murphy-Shigematsu's (2003) qualitative analysis of Muslim foreign workers living in Japan found that the narratives of those who attempted to pursue a strategy of assimilation often expressed themes of frustration and rejection. Furthermore Onishi and Murphy-Shigematsu note a lack of integration strategy themes among the immigrants who participated. These results, along with numerous others (Rudmin, 2003), have called the belief that integration is the most psychological advantageous strategy into question and highlighted the importance of recognizing the complexity of these processes.

These attempts to better map the multidimensional nature of acculturation have taken on one of two general approaches. The first could be described as a sociological approach and involves a broadening of Berry's model to consider a host society's attitudes towards immigration when conceptualizing the acculturation process. One example of this approach was developed by Bourhis and colleagues (1997). Their Interactive Acculturation Model not only considers the immigrant's acculturation strategy, but also the acculturation attitudes of the host culture. Based up the interaction between these two forces they propose three possible outcomes: Consensual, Problematic, and Conflictual.

While studies have linked the acculturation strategy of immigrant groups to demographic and socio-economic variables such as age, generational status, education, income, and second language acquisition (Castro, 2003), Bourhis and colleagues (1997) propose that the acculturation attitude of the host culture is determined by two factors. The first is the governmental policies regarding immigration and the second is the "visibility" of the immigrant group. This does not simply pertain to the population density of a given immigrant group but also the host cultures stereotypes and level of esteem that are placed upon different immigrant groups. Furthermore, visibility is also related to the socio-economic and political power of the immigrant group to ensure that their voice is heard.

The second line of study within current acculturation research could be described as a psychological approach and involves a deepening of Berry's model to examine the intra-psyche dynamics of acculturation (Phinney, 1999). These authors hypothesize that

in order to produce consistent findings, it is essential to understand the complex process through which individuals establish and maintain their identities intra-psychically.

Research into bicultural identity development is an example of this approach. Bicultural identity theorists propose that while the integration of one's heritage culture and the host culture may allow the individual to be more adaptable and rely on a broader skill-set and base of support, they also acknowledge that bicultural individuals face unique challenges such as identity conflict and a lack of complete acceptance from either cultural group. Furthermore, investigators of bicultural identity argue that there are actually various levels of integration. For example, an individual may appear behaviorally integrated, engaging in a variety of activities that are associated with the host culture or his or her heritage culture, but internally may hold values or beliefs that are typically associated with her or his heritage culture.

Not only is it possible for bicultural individuals to experience a discrepancy between external behaviors and intra-psychic processes, they may change their cognitive style. For example, among a group of students living in Hong Kong (considered bicultural because of the Chinese cultural heritage and British colonial influence), their attributional style tended to change when presented with different cultural cues. For example, the students made fewer external attributions when presented with the image of an American flag as compared to instances when they were primed with Chinese cultural images. This phenomenon termed *cultural frame switching* demonstrates potential for individuals to internalize multiple identities and respond their cultural context in an adaptive manner (Hong, Morris, Chiu, & Benet-Martinez, 2000).

One model that attempts to map this interaction of identities within an individual is Benet-Martinez and Haritatos's (2005) theory of Bicultural Identity Integration (BII). These authors propose that there is variation among individuals regarding the degree to which they have reconciled these disparate and often conflicting identities. Those with comparatively low levels of Bicultural Identity Integration experience this internal clash of culture in one of two ways. The first group feels torn between their bicultural identities and views them not only as incompatible but also conflicting. They would be likely to agree with a statement such as "I feel caught between _____ and _____ cultures." Individuals in this group are considered to be in a state of Cultural Conflict.

Alternatively, other individuals may strive to avoid this sense of conflict by keeping their identities distinct. They may view their identities as incompatible, but do not attempt to integrate them. Individuals in this group are unlikely to endorse a statement like "I feel part of a combined culture." Individuals in this group are considered to be in a state of Cultural Distance. Based on Benet-Martinez & Haritatos's findings, it appears that these two constructs are distinct (non-significant negative correlation ($r = -.07$)).

In addition to examining these two separate constructs, the Bicultural Identity Integration Scale (BIIS) can also be used to gain a measure of a bicultural individual's overall level of integration. Individuals with high levels of BII may represent a fusion of cultures or a "third culture"—a new and adaptive hybrid of the host and heritage cultures (Benet-Martinez & Haritatos, 2005). Alternatively, bicultural individuals with high levels of BII may simply be more willing or able to react flexibly to changing cultural contexts. Benet-Martinez, Leu, Lee, & Morris (2002) found that those who were high

on BII exhibited a high frequency of external attributions when primed with Chinese cultural icons and fewer external attributions when presented with American cultural icons. Interestingly, low BII biculturals displayed the reverse pattern. Based on these findings it appears that High BII biculturals make more prime consistent attributions indicative of culturally adaptive behavior, while low BII biculturals tend to exhibit prime resistant responses that are representative of cultural reactance behavior, (Cheng, 2005).

Acculturation Stress

In order to understand the implications of the acculturation process, it is essential to not only develop an accurate model, but also to be able to accurately measure the psychological outcomes of these various dimensions. These outcomes have generally been measured in one of three ways. The first are behavioral outcomes and include variables such as host language acquisition and heritage language retention as well as the level of adherence to host cultural and/or heritage cultural traditions, rituals, and norms (Wallen, Feldman, & Anliker, 2002). While providing useful information regarding an immigrant's level of behavioral adaptation, these types of measures do not focus on the immigrant's experience of the process of acculturation.

To better assess this dimension of the acculturation process, a second cluster of constructs and associated measures have been developed. While traditionally referred to as culture shock (Oboerg, 1960), the term acculturation stress has been proposed as an alternative (Berry, 1970). Berry (2006) argues that this term is preferred because it ties the concept to the larger body of theory and research related to the construct of stress. Furthermore, the use of the term "stress" acknowledges the potential for both beneficial

and detrimental outcomes, whereas “shock” casts the multicultural encounter a purely negative light. Finally the term “culture” reinforces the outmoded idea that the acculturation process only impacts the immigrant’s culture, “acculturation,” on the other hand, more accurately describes the interactive nature of the encounter between the immigrant and host culture.

Unlike behavioral measures of acculturation, inventories of acculturation stress attempt to capture information about the immigrant’s experience of the acculturation process. For example, a behavioral outcome might be the immigrant’s level of host language competency, whereas questions such as “it bothers me that I have an accent” would better capture the immigrant’s subjective experience and may not be directly related to his or her objective level of language competency (Mena, Padilla & Maldonado, 1987). Acculturation stress also encompasses the immigrant’s experience of prejudice and discrimination, homesickness, social isolation, and other potentially stressful and often unavoidable aspects of the acculturation process.

It is important to reiterate that the experience of acculturation stress has the potential to have both positive and negative impact on one’s acculturation experience. Though all immigrants presumably experience some level of stress related to the transition, for some this stress may elicit coping strategies such as problem-focused coping, emotion-focused coping, or even avoidance-oriented coping. All of these strategies may serve protective functions for mitigating the impact of acculturation stress on the mental health of the immigrant (Endler & Parker, 1990; Lazarus & Folkman, 1984). That being said, it

appears clear from numerous findings that among the group as a whole, the experience of acculturation stress is often strongly linked to a decrease in mental health.

For this reason, a third means of measuring the outcomes of acculturation is to use general indicators of mental health such as symptoms of depression or anxiety as measures of psychological adjustment. For example, Abu-Rayya's 2006 article examining adolescents of mixed Arab-European descent living in Israel compares measures of identity with measures of depression, anxiety, self-esteem, and positive relations with others. This article is only one of many examples from the psychological literature where conclusions regarding the outcome of various acculturation strategies are drawn from measures of psychological well-being (Asvat & Malcarne, 2008; Jamil, Nassar-McMillan, & Lambert, 2007).

The Population: Muslims in America

Islam is the fastest growing religion in America, with over six million Muslims already living within the United States (U.S. Census, 2004). This population of adherents is a diverse group, the majority of whom, despite prevalent stereotypes, are not of Arab descent (Blank, 1998). Historically, Muslims in America are an underrepresented and poorly studied population in the psychological literature (Sheridan & North, 2004). Furthermore, the little quantitative work involving acculturation and Muslim groups has focused on ethnic cultural groups (Arabs, Pakistanis, etc.), who are only incidentally Muslim (Amer, 2005; Raja, 2005; Thao, 2005). Muslims in America, especially in the post-9/11 period, are frequently the recipients of backlash and negative stereotypes because of their religious beliefs (Erickson & Al-Timimi, 2001; Charani,

2005; Shaheen, 2003; Sheridan, 2006). As a result, Muslims as a group face particular challenges when attempting to adapt to a foreign culture (Amer, 2005).

Muslims in America and Acculturation

Amer (2005) found that Muslim immigrants to America experienced a greater degree of acculturation stress when compared to Christian immigrants from the same ethnic background. In other words, the Islamic identity of participants played a role in determining the experience of acculturation above and beyond Arab identity alone. The author explained this discrepancy by pointing to two possible factors. The first was that Muslims in America might be more likely to encounter discrimination than their Christian counterparts. The second was that this stress might have resulted from an inner conflict between Muslim beliefs and practices and mainstream American values.

The possibility that religious identity may play a more important role for American Muslims in the acculturation process is highlighted by a number of recent studies. For example, studies have also consistently found that Muslims as a whole display higher levels of religiosity when compared to Christian comparison groups (Amer, 2005; Fischer, Greitemeyer, & Kastenmuller, 2007). Also of note is the fact that Muslims on average have been found to become more religious after immigrating to America (Al-Mateen & Afzal, 2004). These results seem to indicate that religiosity and religious beliefs may play a major and unique role in the acculturation process of Muslim-Americans.

Furthermore, Stodolska and Livengood (2006) found that Muslims consider religion to be more important than ethnicity in defining their identity and determining their

behavior. This may be particularly true among second and third generation immigrants who are drawn to “new Islam,” “revivalist Islam,” “globalized Islam,” or as it will be referred to in this study: second-generation Islam. This modern revivalist Islamic movement, born from the highly diverse Muslim communities that exist in America and Europe, emphasizes a pan-Islamic identity over national or ethnic identity (Roy, 2004). This phenomenon of second-generation Islam is receiving increasing attention within the psychological literature and has been studied qualitatively among Bangladeshis (Kibria, 2008) and Muslim immigrants more broadly (Sheikh, 2008). Both of these studies speak to the increasingly important role that one’s Islamic identity plays in the acculturation process of Muslims in America.

Muslims in America and Religiosity

Religiosity has been important area of study since the early days of psychology. Many of these early thinkers held favorable opinions towards religion and spirituality and attempted to investigate the role that faith might play in promoting positive mental health. (James, 1902; Starbuck, 1899). Other early psychologists such as Freud (1928) held a decidedly more critical view towards faith. These two opposing views have long been conflicting strains within the psychological literature. For example Allport’s (1967) important work on religiosity recognized the diversity of ways in which adherents may approach the practice of religion and but also highlighted the relationship between some of these views and other factors such as prejudice and authoritarianism.

Recent trends in the field such as the multicultural movement and pastoral counseling have lead to a resurgence of interest in the topic. Bergin (1991), noted that

this revitalization began in the 1980's and grew out of a recognition of the importance of a therapist's values and a questioning of whether a secular psychology was out of step with a society where religion or spirituality plays an important role in the lives of the majority of Americans. Subsequent research has focused on the impact of religiosity on positive mental health (Richards & Bergin, 1997,) and positive physical health outcomes (Plante & Sherman, 2001). Recently increasing attention has broadened beyond the study of Christian religiosity to include the diversity of faiths represented within the American public (Richards & Bergin, 2000).

Among Muslims in particular, religious affiliation has been found to be a risk factor for high acculturation stress. A recent study comparing Muslim and Christian Arab immigrants found that among Muslims, high levels of religiosity have been found to be particularly predictive of positive mental health status (Amer & Hovey, 2005). This was also found to be true among a large sample of secondary students from Kuwait, for whom religiosity was negatively correlated with stress and depression (Abdel-Khalek, 2007). Furthermore, higher levels of religiosity have been associated with increased life satisfaction among Muslims in Pakistan (Suhail & Chaudhry, 2004). Increased religiosity of Canadian Muslims has been found to play an important role in moderating the relationship between stress and mental health outcomes (Jamal & Badawi, 1993). Based on these findings it appears that while being a Muslim in America is associated with negative mental health outcomes, religiosity may play an important role in helping the individuals cope.

Summary

The study of acculturation has evolved from simplistic unidimensional models to multidimensional models of acculturation. The field has also begun to place increasing emphasis on the role of intra-psychic identity integration as well as more behavioral measures of adjustment. Both types of measures among most immigrant samples have been found to support the hypothesis that the integration of heritage culture and host culture identities is associated with psychological wellbeing. Early studies recognized the important role that religious identity plays in the American immigrant experience, over the past four decades, theorists and researchers have primarily focused on the cultural or ethnic dimensions of this acculturation process. Given the important role that faith plays in the lives of Muslim Americans and impact of the second-generation Islam movement on Muslims living in the West, it is likely that the integration of one's Islamic identity with an American identity will be a significant and rewarding challenge for Muslim Americans.

CHAPTER III

METHODOLOGY

Participants

Participants in this study identified themselves as Muslims and reported that they had lived in the U.S. for at least two years. Participants were recruited through an email announcement (see Appendix A). The author contacted leaders of various Islamic congregations, who helped this announcement be distributed through email list serves. Among the 221 individuals who agreed to participate in the study, nine were excluded because they failed to meet the requirements of both being Muslim and living in the US for at least two years. Among those individuals who met these requirements, 89 failed to complete the survey and were therefore excluded as well.

Among those who completed the survey ($n = 125$), 59.2% were female ($n = 74$) and 40.8% were male ($n = 51$). Ages of participants ranged from 18 to 73 with a mean age of 33.13. The average age that participants had moved to the U.S. was 14.61 with a range from zero to 61.

The majority of participants fell into one of the following three categories or immigration statuses: 22.4 % of responders classified themselves as temporary residents ($n = 28$), 29.6% classified themselves as first generation ($n = 37$), and 28% reported second generation status. The majority of participants reported their legal immigration status as U.S. citizens (61.6%, $n = 77$), while 12% reported holding green cards ($n = 15$) and 25.6% reported a temporary visa ($n = 32$). In response to the question, “How interested are you in beginning or continuing to “settle down” in America (i.e. To raise a

family and/or develop a career)?” respondents reported an average score of 7.73 ($SD=2.37$) on a scale from 1 = totally disinterested to 10 = extremely interested.

Regarding educational attainment, 28% had completed a bachelor’s degree ($n = 35$), 28.8% had received a master’s degree (or equivalent) ($n = 36$), and 20% had completed a doctoral degree (or equivalent) ($n = 25$). The majority of participants were married (64.8%, $n = 81$).

Regarding religious affiliation, 85.6% of participants identified as Sunni and 4% as Shi’a. 14.4% of respondents identified as converts ($n = 18$). Participants were also asked to identify their cultural heritage. These open text responses were then organized into categories using a classification system similar to that used in a nationwide demographic study of mosque attendance (Bagby, Perl, & Froehle, 2001). Arabs and South Asians constituted the largest groups (33.6%, and 28.6% respectively). Other groups included Turks (12.6%), Southeast Asians (5%) and African-Americans (5%), participants of mixed ancestry (4.2%), Caucasians (4.2%) Africans (1.7%), Europeans (1.7%), Central Asian (1.7%), Caribbean (.8%), Iranian (.8%).

Procedures

The procedures for the current study were approved by Texas A&M’s Institutional Review Board (protocol number: 2008-0281). All data used in the study were collected through a web survey host. Participants followed a link to an encrypted URL and no identifying information such as email or IP addresses was collected. Participants were free to discontinue the survey at any time either by closing the browser window or entering a new URL. In order to reduce missed responses, participants were not allowed

to progress to the next page of the survey until they entered a response for each question. Participants completed a series of questionnaires and a twenty item demographic survey. As an incentive to participate, participants were informed that for each completed survey received, five dollars would be donated to one of three charity organizations of the participant's choice (Islamic Relief, Small Kindness and Mercy USA).

Definition of Terms

Acculturation

For the purpose of this study, acculturation is defined as “those phenomena which result when groups of individuals having different cultures come into continuous first-hand contact with subsequent changes in the original culture patterns of either or both groups” (Redfield, Linton, & Herskovits, 1936, p.149).

Integration

For the purpose of this study, integration is defined as, “retaining some aspects of a minority identity and practice while at the same time adopting features of the identity and lifestyle of the dominant culture” (modified from Kurman, Eshel & Zehavi, 2005).

Bicultural Identity Integration

For the purposes of this study, bicultural identity integration is the process by which people “perceive their mainstream and ethnic cultural identities as compatible and integrated vs. oppositional and difficult to integrate” (Benet-Martinez, Leu, Lee, & Morris, 2002, p.9).

Religio-Culturally Identity Integration

For the purposes of this study, religio-culturally identity integration will be defined as the process by which people “perceive their mainstream and religious identities as

compatible and integrated vs. oppositional and difficult to integrate” (modified from the definition of cultural identity integration given by Benet-Martinez et al., 2002, p.9).

Religiosity

For the purposes of this study, religiosity is considered “the degree to which a person adheres to his or her religious values, beliefs, and practices and uses them in daily living” (Worthington et al., 2003).

Measures

Vancouver Index of Acculturation. The Vancouver Index of Acculturation (VIA) (Ryder et al., 2000) was utilized to measure strategies of acculturation as defined by Berry’s model. This 20-statement measure includes statements such as “I enjoy social activities with typical North American people.” Items are broken down into two subscales of ten items each. The first subscale measures interest in heritage cultural activities while the second subscale measures interest in host cultural activities. The subscales feature mirrored items such as “I often behave in ways that are typical of my heritage culture” and “I often behave in ways that are ‘typically American.’” Total scores on each subscale can be subtracted from one another to provide an indication of a participant’s acculturation strategy preference.

Participants respond to these statements on a 9-point Likert scale. Alpha reliability coefficients of .85 to .92 were found for samples of Chinese, East Asian, and non-Asian ethnic minorities. For the purposes of this study, the term “heritage culture” was modified to the terms “my religion” and “Islam.” This modified version of the VIA is referred to as the VIA-Islamic Version. This procedure follows a similar method used by

Amer (2005) to modify the VIA in order to specifically measure acculturation among the author's target population (Arab immigrants).

In the present study, alpha coefficients were calculated as a reliability check. On this administration of the VIA, a coefficient alpha of .82 was obtained. On this administration of the VIA-Islamic Version, a coefficient alpha of .82 was also obtained.

Bicultural Identity Integration Scale. As a measure of cultural integration, this study utilized the Bicultural Identity Integration Scale (BIIS; Benet-Martinez & Haritatos, 2005), which is composed of 8 items, scored on a 5-point Likert scale. This instrument provides an overall measure of integration, as well as information on "integration style" in the form of two subscales—conflict and distance. Coefficient alphas for these subscales have been found to be .74 and .69 (Benet-Martinez & Haritatos, 2005). All testing has so far been done on Chinese immigrants to America. The correlation between the two subscales was found to be .02.

During the present study, the BIIS was also administered in a modified form to assess religio-cultural identity integration. This modified version substituted "Muslim" in place of "heritage culture." For the purposes of this study, this modified version of the BIIS is referred to as the RCIIS. In an effort to broaden the conceptualization of the acculturation process from a culture-based model to an identity-based model, on some items the word culture was replaced with the word identity. To maintain consistency, this modification was applied to the same items on both the RCIIS and the BIIS.

In the present study, alpha coefficients for each scale were calculated as a reliability check. On this administration of the BIIS, a coefficient alphas of .62 and .71 were

obtained for the distance and conflict scales. A non-significant negative correlation ($r = -.08$) was found between these two scales. On this administration of the RCIIS, a coefficient alpha of .62 (distance) and .64 (conflict) were obtained. A non-significant negative correlation ($-.17$) was found between these two scales. Given these relatively low coefficient alphas, findings related to the RCIIS and the BIIS distance scale should be taken with caution.

SAFE Acculturation Stress Scale. Acculturation Stress was assessed through use of the Social, Attitudinal, Familial, and Environmental Acculturation Stress Scale. This self-report measure includes 24 items that are rated on a 6-point Likert scale. The reliability of this instrument has been found to be .89 (SAFE, Mena, Padilla & Maldonado, 1987).

In the present study, alpha coefficients were calculated as a reliability check. On this administration of the SAFE, a coefficient alpha of .86 was obtained.

Center for Epidemiologic Studies - Depression Scale (CES-D). This scale served as a measure of depressive symptoms in this study. The CES-D has been recommended for use with non-clinical populations, non-western populations, and Muslims in particular because of focus on affective experiences vs. severe symptomology and suicidality (Amer, 2005). Twenty responses are scored on a four-point Likert scale. The coefficient alphas for both the probability and standardization samples were found to be .85 (Radloff, 1977). Similar findings were noted for studies involving a Muslim sample (Al-Darmaki, 1999; Mosalum, 1999). The CES-D has also been found to correlate highly with a number of other established measures of depression such as the Beck Depression

Inventory ($r = .81$) and the Self-Rating Depression Scale ($r = .90$) (Shaver & Brennan, 1991).

In the present study, alpha coefficients were calculated as a reliability check. On this administration of the CES-D, a coefficient alpha of .90 was obtained.

Among non-western cultures it is common for individuals to under-report or somatize psychological symptoms of depression and anxiety (Al-Issa, 1995). While the CES-D does contain a number of items that assess for somatic symptoms, it is still possible that some participants may have underreported symptomology. Table 1 displays the correlation between depressive symptoms and life-satisfaction. It is interesting to note that for 1st generation immigrants, males, and converts of color, the correlation is notably smaller than for non-immigrants, females, 2nd generation immigrants and converts of European descent. One possible explanation is that individuals in these groups (less westernized individuals, males, minorities) have been socialized against expressing or experiencing psychological distress as depressive symptoms.

The Religious Commitment Inventory. Religiosity will be assessed through use of the Religious Commitment Inventory (RCI-10, Worthington et al., 2003). This self-report measure includes ten items. The reliability of this instrument was indicated through a coefficient alpha of .89. The RCI has been recommended and used to measure religiosity in a Muslim sample (Ahmed, 2004).

Table 1
Correlations between Depressive Symptoms and Life Satisfaction

Group	<i>r</i> =
Primary Subsample (<i>n</i> = 110)	-.46***
Males (<i>n</i> = 48)	-.27*
Females (<i>n</i> = 62)	-.53***
All non- convert, immigrants (<i>n</i> = 100)	-.40***
1 st generation (<i>n</i> = 61)	-.37**
2 nd generation (<i>n</i> = 35)	-.53***
All converts (<i>n</i> = 18)	-.65**
Converts of color (<i>n</i> = 10)	-.52
Converts of European descent (<i>n</i> = 8)	-.87**

p* ≤ .05, ** *p* ≤ .01, * *p* ≤ .001.

In the present study, an alpha coefficient was calculated as a reliability check. On this administration of the RCI-10, a coefficient alpha of .91 was obtained.

Ladder Scale of General Well-Being. The Ladder Scale of General Well-Being (Cantril, 1967) served as a measure of life satisfaction in this study. This scale is comprised of a single ten-point Likert-scale item that reads “All things considered, where do you think you stand at present?” 1 indicates complete dissatisfaction with life and 10 indicates complete satisfaction with life. The advantage of this measure is that it has been administered to over 1.1 million people from around the world, and therefore has established norms (Myers & Diener, 1996).

In the current study, participants reported an average life satisfaction score of 7.60 ($SD=1.42$).

To what extent do you want to adopt American culture? This single item measure of attitude towards acculturation was modified from a single-item measure used in Amer’s (2005) study of Arab Americans. In response to the following question “To what extent do you want to adopt American culture?” participants in the present study were presented with the following four response options: 1. I want to see myself as primarily American rather than Muslim or Muslim-American, 2. I want to become a regular American who is proud of my Muslim identity, 3. I want to remain Muslim in my values and culture; I don’t want to become “Americanized”, 4. I do not want to see myself or categorize myself as either Muslim or American. Each of these four responses corresponds to one of the four acculturation strategies identified in Berry’s model (1984)—Assimilation, Integration, Separation, and Marginalization, respectively. The

vast majority of participants endorsed either response 2 (integration) (60%, $n = 75$) or response 3 (separation) (34.4%, $n = 43$). Six participants endorsed response 4 (marginalization) (4.8%) and only one endorsed response 1 (assimilation) (.8%).

I feel that my _____ and my American identities are very compatible. The single item measure “I feel that my _____ and American identities are very compatible” was developed as a brief means of assessing identity integration. Whereas the VIA assesses acculturation style by measuring interest and participation in host culture and heritage culture related activities and the BIIS estimates identity integration by the lack of identity distance and identity conflict, this single item was designed to measure integration directly. The single item measure was also drawn directly from the current study’s definition of identity integration, therefore while the VIA and the BIIS were both developed within a bicultural framework, this single item measure broadens the study of acculturation by focusing on perceived compatibility of identities.

This item was administered twice. Once with the participant’s heritage culture inserted into the blank and again with the word Muslim inserted. Responses were measured on a scale ranging from 1=strongly disagree to 5=strongly agree.

CHAPTER IV

RESULTS

Descriptive Analyses of Variables and Testing of Assumptions

Table 2 provides descriptive data for the results from each measure in the current study. Using ANOVA, significant differences were found between convert and non-convert groups. These differences are depicted in Table 3. Because converts of European descent were unable to identify a cultural heritage distinct from the host culture, they were excluded from the primary subsample ($N=110$). Converts as a group were analyzed separately. Among converts, significant differences were found between converts of color and converts of European descent on the variable of acculturation stress (Table 4).

Within the primary subsample, significant differences were also found between men and women regarding level of depressive symptoms ($p = .012$) (see Table 5), and between foreign-born and native-born non-converts on acculturation stress ($p = .024$) and depressive symptoms ($p = .039$) (see Table 6). Results for each of these subgroups will therefore be reported separately in relation to each hypothesis.

Table 2
Descriptives for Variables

Variable	Subscales	Range	<i>M</i>	<i>SD</i>	Skewness	Kurtosis
Behavioral Acculturation Style	Cultural (VIA)	-24-8	-4.17	7.01	-.36	-.30
	Religio-Cultural (VIA-Islamic)	-24-7	-8.26	7.35	-.07	-.52
Identity Integration	Cultural (BIIS)	17-38	26.66	4.07	.11	-.26
	Religio-Cultural (RCIIS)	18-37	26.75	3.87	.23	.19
Single Item Identity Integration	Cultural	2-5	3.5	.93	-.18	-.82
	Religio-Cultural	1-5	3.59	1.08	-.51	-.59
Religiosity (RCI-10)		16-50	40.41	7.69	-.61	-.23
Acculturation Stress (SAFE)		29-101	65.16	12.76	.44	.75
Depressive symptoms (CES-D)		0-48	12.54	10.12	1.2	1.37
Life Satisfaction (Ladder Scale)		3-10	7.45	1.60	-.73	.48

N = 110

Table 3
Comparison of Means between Converts (N=18) and Non-converts (N=100)

Variable	Subscales	Convert	Non-convert	Significant difference? <i>p</i> =
RCIIS	Distance†	14.00	13.39	.422
	Conflict†	11.22	13.56	.002
Single Item Identity Integration	Cultural	-	-	-
	Religio-Cultural	3.06	3.67	.025
Acculturation Stress (SAFE)		70.22	64.05	.055
Depressive symptoms (CES-D)		17.06	11.84	.045
Life Satisfaction (Ladder Scale)		6.28	7.61	.001

† Higher scores indicate lower levels of identity distance or identity conflict

Table 4
Comparison of Means between Converts of Color (N=10) and Converts of European Descent (N=8)

Variable	Converts of color	Converts of European descent	Significant difference? $p=$
Acculturation Stress (SAFE)	74.73	62.63	.040
Depressive symptoms (CES-D)	18.09	14.00	.502
Life Satisfaction (Ladder Scale)	5.82	6.88	.252

$p = .05$

Table 5
Comparison of Means between Women (N=62) and Men (N=48)

Variable	Females	Males	Significant difference? $p=$
Acculturation Stress (SAFE)	64.13	63.96	.744
Depressive symptoms (CED-D)	14.65	9.81	.012
Life Satisfaction (Ladder Scale)	7.60	7.62	.362

Table 6
Comparison of Means between Foreign-born (N=61) and Native-born Non-converts (N=35)

Variable	Subscales	Foreign-born	Native-born	Significant difference? $p=$
Behavioral Acculturation Style	Cultural (VIA)	-6.13	-.97	.000
	Religio-Cultural (VIA-Islamic)	-9.92	-5.8	.007
Identity Integration	Cultural (BIIS)	26.23	28.37	.011
	Religio-Cultural (RCIIS)	26.48	28.03	.058
BIIS	Distance†	12.41	15.49	.000
	Conflict†	13.82	12.89	.143
RCIIS	Distance†	12.31	15.29	.000
	Conflict†	14.16	12.74	.015
Single Item Identity Integration	Cultural	3.48	3.57	.637
	Religio-Cultural	3.51	3.97	.035
Acculturation Stress (SAFE)		66.16	60.20	.024
Depressive symptoms (CES-D)		10.34	14.54	.039
Life Satisfaction (Ladder Scale)		7.64	7.74	.721

† Higher scores indicate lower levels of identity distance or identity conflict

Data was tested for normalcy and collinearity. Kline (2005) proposes that values within the following parameters may be considered to be acceptable: skewness (± 3) and kurtosis (< 8). All datasets met these parameters.

Initial analysis of skewness and kurtosis values (-1.87, 8.43) and scatterplot of response sets on the VIA and VIA-Islamic (separation subscales) revealed two outliers that were also removed from the primary subsample. Skewness and Kurtosis values on Table 2 were calculated with these outliers removed.

Kline also proposes that predictor variables that correlate at .85 or higher may be considered to be redundant. As reported in Table 7, the highest bivariate correlation between predictor variables in the current study was .84 between VIA (assimilation) and VIA-Islamic (assimilation). Tables 8 display the results of bivariate correlations for the primary subsample between each of the continuous variables measured.

Table 7
Correlations between Measures of Bicultural and Religio-cultural Integration

Group	Version	$r=$
Primary subsample ($n= 110$)	VIA/VIA-Islamic	.64***
	BIIS/RCIS	.75***
	Bicultural/RC Single Item	.55***

*** $p \leq .001$.

Table 8
Correlation Matrix

	Accultura- tion Stress	Depressive symptoms	Life Sat.	VIA Style	VIA- Islam Style	BIIS	BIIS: Dist.	BIIS: Conflict	RCIIS	RCIIS: Dist.	RCIIS: Conflict	Single Item (Cultural)	Single Item (Religio- cultural)	RCI-10
Acculturation Stress (SAFE)	1	.41***	-.46***	-.40 ***	-.3**	-.40***	-.25**	-.30**	-.41***	-.19*	-.34	-.12	-.39***	<.01
Depressive symptoms (CES-D)	—	1	-.46***	-.03	<.01	-.19*	.04	-.29**	-.16*	.11	-.32***	-.20*	-.25**	-.22*
Life Satisfaction	—	—	1	.14	.09	.37***	.22	.28**	.34***	.13	.32***	.14	.35***	.24**
VIA Style	—	—	—	1	.64***	.26***	.45***	-.09	.20	.38***	-.13	.15	.37***	-.12
VIA-Islam Style	—	—	—	—	1	.12	.37***	-.20*	.19*	.35**	-.11	.16*	.33***	-.41***
BIIS	—	—	—	—	—	1	.67***	.69***	.74***	.53***	.43***	.45***	.53***	.10
BIIS: Distance	—	—	—	—	—	—	1	-.08	.51***	.78***	-.13	.25**	.46***	.04
BIIS: Conflict	—	—	—	—	—	—	—	1	.49***	-.06	.70***	.35***	.25**	.09
RCIIS	—	—	—	—	—	—	—	—	1	.67***	.63***	.37***	.51***	.06
RCIIS: Distance	—	—	—	—	—	—	—	—	—	1	-.16	.27**	.49*	<.01
RCIIS: Conflict	—	—	—	—	—	—	—	—	—	—	1	.21*	.16*	.08
Single Item (Cultural)	—	—	—	—	—	—	—	—	—	—	—	1	.55***	.08

Table 8
Continued.

	Accultura- tion Stress	Depressive symptoms	Life Sat.	VIA Style	VIA- Islam Style	BIIS	BIIS: Dist.	BIIS: Conflict	RCIIS	RCIIS: Dist.	RCIIS: Conflict	Single Item (Cultural)	Single Item (Religio- cultural)	RCI-10
Single Item (Religio- cultural)	—	—	—	—	—	—	—	—	—	—	—	—	1	.06
RCI-10 (Religiosity)	—	—	—	—	—	—	—	—	—	—	—	—	—	1

*p < .05 ** p < .01. N = 110 Note: VIA = Vancouver Index of Acculturation, Single Item = endorsement of the statement “My ____ and American identities are very compatible

Main Analyses

Hypothesis 1: Religio-cultural behavioral integration will predict acculturation stress and depressive symptoms among Muslims.

The first component of hypothesis 1 states that “the level of religio-cultural behavioral integration between participants’ Islamic faith and mainstream American culture will be negatively correlated with level of acculturative stress and depressive symptoms.” In the current study, this hypothesis received mixed support.

Respondents as a whole demonstrated a strong preference towards a strategy of *separation* (mean=-8.26, range=-24-7). For this sample, then, more strongly negative values were representative of higher levels of behavioral separation and more strongly positive values represented an increased preference for religio-cultural behavioral integration. Results related to hypothesis 1 can be seen in Table 9.

A significant correlation was not found between religio-cultural behavioral integration and depressive symptoms ($r = .03, p = .486$). Due to the concern that among this sample underreporting of depressive symptoms might occur, life satisfaction was used as an alternate measure of psychological well-being. However, religio-cultural behavioral integration also failed to provide significant explanatory power in relation to life satisfaction ($r = .09, p = .180$).

A significant relationship, however, was observed between religio-cultural behavioral integration and acculturation stress ($r = -.30, p = .001$). Furthermore, an ANOVA analysis between respondents who endorsed separation (n=36) and integration (n=68) responses found that those who endorsed integration had significantly lower

levels of acculturation stress ($p = .001$) and higher levels of life satisfaction ($p = .026$), though their depressive symptom levels were not significantly different ($p = .76$).

Therefore the data seems to support the hypothesis that higher levels of religio-cultural behavioral integration are negatively correlated with acculturation stress and positively correlated with life satisfaction.

The second half of hypothesis 1 states “this relationship will be moderated by religiosity such that the correlation will be stronger for individuals with higher levels of religiosity.” A hierarchical regression analysis was utilized to test this hypothesis. The predictor variable VIA-Islamic style (religio-cultural behavioral integration) and the moderator variable RCI-10 (religiosity) were entered into block one and the interaction variable (VIA-Islamic * RCI-10) was entered in block two. Results from these analyses do not support the hypotheses that religiosity was a significant moderator variable between religio-cultural behavioral integration and acculturation stress, depressive symptoms or life satisfaction.

Hypothesis 1a: Men and Women

Hypothesis 1 was also tested separately for both male and female subgroups. For males, religio-cultural behavioral integration was significantly negatively correlated with acculturation stress ($r = -.37, p = .005$). A negative correlation between behavioral integration and depressive symptoms approached statistical significance ($r = -.23, p = .055$). For men, no significant relationship was found between integration and life satisfaction ($r = -.05; p = .368$). Among women, a similar, albeit weaker, relationship between religio-cultural behavioral integration and acculturation stress was observed (r

= $-.26, p = .021$). For women, religio-cultural behavioral integration was not significantly correlated with either depressive symptoms ($r = .12, p = .172$) or life satisfaction ($r = .15, p = .118$).

Notable differences between men and women on the VIA-Islamic subscale level were also found. Among men there was a significant negative correlation between interest in American cultural activities and depressive symptoms ($r = -.31, p = .016$), whereas this relationship was not evident for women ($r = .03, p = .422$). Interest in American cultural activities was correlated with acculturation stress in both men ($r = -.42, p = .001$) and women ($r = -.26, p = .022$), though the strength of this correlation was notable larger among men.

Hypothesis 1b: Non-converts

Among non-converts, a negative correlation was found between religio-cultural behavioral integration and acculturation stress ($r = -.28, p = .002$). Religio-cultural behavioral integration was not significantly correlated with depressive symptoms ($r = .04, p = .357$) or life-satisfaction ($r = .03, p = .398$).

Hypothesis 1c: Foreign-born and Native-born Non-converts

Hypothesis 1 was also tested for foreign-born and native-born subgroups. For the foreign-born group, religio-cultural behavioral integration was significantly negatively correlated with acculturation stress ($r = -.29, p = .012$). Nearly zero correlation was found between behavioral integration and depressive symptoms ($r < .01, p = .488$) or life satisfaction ($r = -.01, p = .462$). Among the native-born group, no relationship between religio-cultural behavioral integration and acculturation stress ($r = -.13, p = .24$),

depressive symptoms ($r = -.06, p = .377$), or life satisfaction ($r = .09, p = .314$) was observed (Table 9).

Finally, on the subscale level, a significant correlation between interest in American cultural activities and acculturation stress was found for the foreign-born group ($r = -.30, p = .010$) but not for the native-born group ($r = -.08, p = .316$).

Hypothesis 1d: Converts

Among converts, religio-cultural behavioral integration was not significantly correlated with acculturation stress ($r = -.22, p = .185$), depressive symptoms ($r = -.25, p = .160$) or life satisfaction ($r = .39, p = .054$). However, the lack of significance may have been a result of the small number of converts in study ($n=18$). If these r -values had been found in relation to the entire sample, significance would have been reached. At the subscale level interest in Islamic activities was negatively correlated with life satisfaction ($r = -.45, p = .032$).

ANOVA analysis also revealed significant differences between converts of European descent ($n= 8$) and converts of color ($n= 10$) regarding levels of acculturation stress ($p = .022$). For converts of color, religio-cultural behavioral integration was significantly correlated with acculturation stress ($r = -.57, p = .044$) but not depressive symptoms ($r = -.25, p = .243$) or life satisfaction ($r = .47, p = .087$). Among converts of European descent, religio-cultural behavioral integration was not significantly correlated with acculturation stress ($r = -.31, p = .227$) or depressive symptoms ($r = -.49, p = .110$) but was significantly correlated with life satisfaction ($r = .63, p = .047$).

Table 9
Correlations between the VIA-Islamic and Outcome Variables

Group	Acculturation Stress	Depressive symptoms	Life Satisfaction
Primary subsample (<i>n</i> = 110)	-.30**	-.00	.09
Males (<i>n</i> = 48)	-.37**	-.23	-.05
Females (<i>n</i> = 62)	-.26*	.12	.15
All non-converts (<i>n</i> = 100)	-.28**	.04	.03
Foreign-born (<i>n</i> = 61)	-.29*	-.00	-.01
Native-born (<i>n</i> = 35)	-.13	-.06	.09
All converts (<i>n</i> = 18)	-.22	-.25	.39
Converts of color (<i>n</i> = 10)	-.57*	-.25	.47
Converts of European descent (<i>n</i> = 8)	-.31	-.49	.63*

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$.

Hypothesis 2: Religio-cultural identity integration will predict acculturation stress and depressive symptoms among Muslims.

The first component of hypothesis 2 states that “Religio-cultural identity integration will be negatively correlated with acculturation stress and depressive symptoms.” In order to test this hypothesis, a total score on all eight items on the Religio-cultural Identity Integration Scales (RCIIS) was computed. This total score was found to negatively correlate with acculturation stress ($r = -.41, p < .001$). A significant negative correlation was also found between religio-cultural identity integration and depressive symptoms ($r = -.16, p = .046$) as well as life satisfaction ($r = .34, p < .001$). Similar results were found between the single item measure of identity integration and these three outcome variables (Table 10)

Since the RCIIS was designed to measure two separate subscales (distance and conflict), each of these subscales was also correlated with acculturation stress, depressive symptoms and life satisfaction. When examined at the subscale level it was revealed that high levels of both identity distance as well as identity conflict were found to be significantly correlated with acculturation stress ($r = .19, p = .024$; $r = .34, p < .001$, respectively). Yet while high levels of identity conflict were also significantly correlated with depressive symptoms ($r = .32, p < .001$) and life satisfaction ($r = -.32, p < .001$), this was not the case for identity distance, which did not correlate significantly with depressive symptoms ($r = -.11, p = .138$) or life satisfaction ($r = -.13, p = .088$).

Table 10
Correlations between Identity Integration Measures and Outcome Variables

Group	Measure	Acculturation Stress	Depressive symptoms	Life Satisfaction
Primary subsample (<i>n</i> = 110)	RCIIS	-.41***	-.16*	.34***
	Single Item	-.39***	-.25**	.35***
Males (<i>n</i> = 48)	RCIIS	-.55***	-.23	.33*
	Single Item	-.55***	-.28*	.13
Females (<i>n</i> = 62)	RCIIS	-.30**	-.1	.36**
	Single Item	-.29*	-.19	.46***
All Immigrants (<i>n</i> = 100)	RCIIS	-.34***	-.14	.33***
	Single Item	-.33***	-.25**	.39***
Foreign-born (<i>n</i> = 61)	RCIIS	-.44***	-.19	.42***
	Single Item	-.37***	-.30**	.27*
Native-born (<i>n</i> = 35)	RCIIS	-.05	-.17	.20
	Single Item	-.02	-.28	.32*
All converts (<i>n</i> = 18)	RCIIS	-.62**	-.22	.26
	Single Item	-.46*	-.18	.29
Converts of color (<i>n</i> = 10)	RCIIS	-.90***	-.05	.16
	Single Item	-.62*	.09	.16
Converts of European descent (<i>n</i> = 8)	RCIIS	-.32	-.39	.37
	Single Item	< .00	-.50	.38

p* ≤ .05, ** *p* ≤ .01, * *p* ≤ .001.

The second half of hypothesis 2 states that “this relationship will be moderated by religiosity, as measured by the Religious Commitment Inventory (RCI-10), such that the correlation will be stronger for individuals with higher levels of religiosity.” Results do not support the hypotheses that religiosity was a significant moderator variable between religio-cultural identity integration and acculturation stress, depressive symptoms or life satisfaction.

Religiosity was also not found to be a moderator in the relationship between the single item measure of religio-cultural integration and acculturation stress, depressive symptoms or life satisfaction.

Hypothesis 2a: Men and Women

Hypothesis 2 was also tested for male and female subgroups. For males, religio-cultural identity integration was strongly negatively correlated with acculturation stress ($r = -.55, p < .001$) and positively correlated with life satisfaction ($r = .35, p = .008$). A negative correlation between identity integration and depressive symptoms approached statistical significance ($r = -.23, p = .061$). Among women, a similar albeit weaker relationship between religio-cultural identity integration and acculturation stress was observed ($r = -.3, p = .009$). No significant correlation between religio-cultural identity integration and depressive symptoms was observed ($r = -.12, p = .17$) though a significant correlation between identity integration and life satisfaction was noted ($r = .36, p = .002$).

Hypothesis 2b: Non-converts

Among non-converts, religio-cultural identity integration was negatively correlated with acculturation stress ($r = -.34, p < .001$) and positively correlated with life satisfaction ($r = .33, p < .001$). Among immigrants, religio-cultural identity integration was not significantly correlated with depressive symptoms ($r = -.14, p = .08$).

Hypothesis 2c: Foreign-born and native-born Muslim non-converts

Hypothesis 2 was also tested for foreign-born and native-born subgroups. For the foreign-born group, religio-cultural identity integration was negatively correlated with acculturation stress ($r = -.44, p < .001$). A significant correlation between identity integration and depressive symptoms was not observed ($r = -.19, p = .072$). Among native-born non-converts, no significant relationship was observed between religio-cultural identity integration (RCIIS) and acculturation stress ($r = -.05, p = .38$) or depressive symptoms ($r = -.17, p = .165$).

There were also a few notable differences between foreign-born and native-born groups on the VIA-Islamic subscale level. Among the foreign-born group, identity conflict was correlated with acculturation stress ($r = .45, p < .001$) and depressive symptoms ($r = .39, p = .001$) and negatively correlated with life satisfaction ($r = -.44, p < .001$). Among those who were native-born, these same relationships between identity conflict and acculturation stress ($r = .03, p = .424$), depressive symptoms ($r = .10, p = .293$) and life satisfaction ($r = -.03, p = .442$) were not observed.

Hypothesis 2d: Converts

Among converts, religio-cultural identity integration was strongly correlated with acculturation stress ($r = -.62, p = .003$). A significant correlation was not observed between religio-cultural identity integration and depressive symptoms ($r = -.22, p = .189$) or life satisfaction ($r = .26, p = .147$). Among converts of color, the relationship between religio-cultural identity integration and acculturation stress was extremely pronounced ($r = -.90, p < .001$), though this same relationship was not observed between religio-cultural identity and depressive symptoms ($r = -.05, p = .444$) or life satisfaction ($r = .16, p = .333$). Among converts of European descent, medium effects sized were found in terms of the correlations between religio-cultural identity integration and all three dependent variables (acculturation stress: $r = -.32, p = .224$; depressive symptoms: $r = -.39, p = .172$; life satisfaction: $r = .37, p = .185$). However, due to small sample size ($n = 18$), none of these correlations reached significance.

Hypothesis 3: Religio-cultural integration will provide unique explanatory value when compared to bicultural integration.

In order to test this hypothesis, a linear regression analysis was performed with the first predictor variable and one of the dependant variables. A second linear regression analysis was then performed with the second predictor variable and the unstandardized residuals from the first linear regression as the dependant variable. Neither the VIA-Islamic nor the RCIIS provided significantly unique explanatory power in relations to acculturation stress or depressive symptoms when compared to their bicultural counterparts.

A contrasting finding was observed in terms of the relationship between the single item identity integration measure “my _____ and American identities are very compatible” and acculturation stress. As can be seen from Table 11, with regards to acculturation stress, the religio-cultural version of this question provided unique explanatory value when compared to the bicultural version alone ($r = .33, p < .001$). Additionally, the religio-cultural version was found to provide unique explanatory value in predicting life satisfaction ($r = .27, p = .004$) but not depressive symptoms ($r = .14, p = .147$).

Though not directly addressed by hypothesis three, a final difference between bicultural and religio-cultural measures is worth noting. Among the primary sample interest in heritage cultural activities was correlated with acculturation stress ($r = .17, p = .042$) whereas interest in Islamic activities was not ($r = .09, p = .164$). Interestingly, the relationship between interest in heritage cultural activities and acculturation stress

Table 11
Correlations between the Single-item Measure of Integration and Outcome Variables

Group	Version	Acculturation Stress	Depressive symptoms	Life Satisfaction
Primary subsample (n= 110)	Bicultural	-.12	-.20*	.14
	Religio-cultural (RC)	-.39***	-.25**	.35***
Males (n= 48)	Bicultural	-.38**	-.30*	.19
	RC	-.55***	-.28*	.13
Females (n= 62)	Bicultural	.07	-.1	.1
	RC	-.29*	-.19	.46***
All non-convert, immigrants (n= 100)	Bicultural	-.09	-.21*	.19*
	Religio-cultural (RC)	-.33***	-.25**	.39***
Foreign-born (n= 61)	Bicultural	-.25*	-.24*	.20
	RC	-.37***	-.30**	.27*
Native-born (n= 35)	Bicultural	.25	-.18	.14
	RC	-.02	-.28	.32*
All converts (n= 18)	Bicultural	-	-	-
	RC	-.46*	-.18	.29
Converts of color (n= 10)	Bicultural	-.48*	-.12	-.25
	RC	-.62*	.09	.16
Converts of European descent (n= 8)	Bicultural	-	-	-
	RC	.00	-.50	.38

* $p \leq .05$, ** $p \leq .01$, *** $p \leq .001$. *Note:* Bicultural = “I feel that my (heritage culture) and American identities are very compatible,” RC = “I feel that my Muslim and American identities are very compatible.” “-” indicates that a meaningful measure of bicultural integration could not be calculated for some individuals in this group.

was not found for foreign-born participants, whereas for native-born Muslims the correlation between these variables was particularly strong ($r = .51, p = .001$).

Hypothesis 4: Among Muslims, religiosity will be found to positively correlate with life satisfaction and negatively correlate with depressive symptoms.

A previous large-scale study ($n=973$) of life satisfaction among a sample of Muslims living in Pakistan found that religiosity as measured by the Religiosity Scale (Suhail & Akram, 2002) was correlated with life satisfaction ($r = .1, p \leq .01$) as measured by the Ladder Scale of General Well-being (Suhail & Chaudhry, 2004). The current study replicated these findings with a sample of Muslims in the U.S., though in this sample the effect size was notably larger ($r = .24, p = .006$).

Another notable study involving a large sample ($n=6339$) of secondary students living in Kuwait (Abdel-Khalek, 2007) found that religiosity, as measured by 0-10 ratings in response to the question “What is your level of religiosity in general?” and depressive symptoms, as measured by the CES-D, were significantly negatively correlated ($r = -.24, p < .001$). This finding was replicated in the current study with a sample of Muslims in the U.S. ($r = -.22, p = .012$).

Hypothesis 4a: Men and Women

Hypothesis 4 was also tested for male and female subgroups. Among women religiosity negatively correlated with depressive symptoms ($r = -.33, p = .004$) but not life satisfaction ($r = .15, p = .116$). Among men, religiosity was not significantly correlated with depressive symptoms ($r = -.05, p = .359$) and but was strongly correlated with life satisfaction ($r = .42, p = .001$).

Hypothesis 4b: Non-converts

Among non-converts as a whole, religiosity was negatively correlated with depressive symptoms ($r = -.25, p = .006$) and life satisfaction ($r = .32, p = .001$). Religiosity was not significantly correlated to depressive symptoms among either 1st generation ($r = -.15, p = .125$) or 2nd generation immigrants ($r = -.20, p = .124$). Religiosity was significantly correlated with life satisfaction among foreign-born Muslims ($r = .32, p = .006$) and approached significance among native-born Muslims ($r = .27, p = .056$).

Hypothesis 4c: Converts

For the converts subgroup, religiosity was not significantly correlated with depressive symptoms ($r = -.21, p = .201$) or life satisfaction ($r = -.28, p = .128$). The same was true for the converts of color (depressive symptoms: $r = -.35, p = .162$; life satisfaction: $r = -.43, p = .162$); although it in this case the effect sizes were both moderate and may have reached significance on a larger sample. Among converts of European descent, non-significant correlations were also observed between religiosity and life satisfaction ($r = -.13, p = .380$) as well as depressive symptoms ($r = .34, p = .202$).

In the case of depressive symptoms, however, a moderate effect size was found (though, again, low sample size impeded statistical significance). This sample size is notable given that it is opposite to prediction. It suggests that for converts of European descent, religiosity is linked to higher levels of depressive symptoms—the opposite of what was found for converts of color (see Table 12).

Although hypothesis four aims at reproducing previous results (and therefore does not include acculturation stress as a variable), the unique impact that religiosity seems to have upon the convert population was further explored through considering this variable. Interestingly, in this case, converts of color and of European descent again showed opposite results, such that religiosity was linked to less acculturation stress for converts of European descent ($r = -.58, p = .065$), and greater acculturation stress for those of color ($r = .26, p = .230$). In summary, religiosity seems to lead to greater degrees of depressive symptoms (though lesser degrees of acculturation stress) for converts of European descent, while leading to lesser degrees of depressive symptoms (though greater degrees of acculturation stress) for converts of color.

Table 12
Correlations between Religiosity and Outcome Variables

Group	Acculturation Stress	Depressive symptoms	Life Satisfaction
Primary subsample (<i>n</i> = 110)	< .01	-.22*	.24**
Males (<i>n</i> = 48)	-.11	-.05	.42**
Females (<i>n</i> = 62)	.07	-.33**	.15
All non- convert, immigrants (<i>n</i> = 100)	.01	-.18*	.32**
Foreign-born (<i>n</i> = 61)	-.03	-.15	.32**
Native-born (<i>n</i> = 35)	.03	-.20	.27
All converts (<i>n</i> = 18)	-.05	-.21	-.28
Converts of color (<i>n</i> = 10)	.26	-.35	-.42
Converts of European descent (<i>n</i> = 8)	-.58	.34	-.13

p* ≤ .05, ** *p* ≤ .01, * *p* ≤ .001.

CHAPTER V

DISCUSSION AND SUMMARY

Hypothesis 1

The first hypothesis stated that the behavioral integration of Islamic activities and interests and American cultural activities and interests would predict lower levels of acculturation stress and depressive symptoms and that this relationship would be moderated by religiosity. For the primary sample some aspects of this hypothesis were confirmed and some were not. In general, religio-cultural behavioral integration was found to be moderately and statistically significantly correlated with acculturation stress, but not with depressive symptoms or life satisfaction.

One possible explanation for these results may be related to the fact that the measure of acculturation stress administered in the current study deals primarily with experiences of alienation, prejudice, and discrimination. It may be that these sources of psychological distress, which are external, are more obviously linked to indices of acculturation that are also external or behavioral. On the other hand, the measure of depressive symptoms administered in the current study deals with internal, somatic, affective, and cognitive experiences. Because one's ability to "act American" while also "acting Muslim" occurs in an external realm, this ability may be less strongly correlated with the internal symptoms of depression. This interpretation is supported by the fact that bicultural behavioral integration (and not only religio-cultural behavioral integration) was also not found to significantly correlate with depressive symptoms.

The second half of hypothesis two stated that the relationship between religio-cultural behavioral integration and the dependent variables would be moderated by religiosity, such that the correlations would be stronger for more religious individuals. For the current sample, this hypothesis was not supported in the case of acculturation stress, depressive symptoms or life satisfaction. This finding seems surprising given that for individuals for whom religion is experienced as very important, it would seem intuitive that integrating religion with other aspects of their identity would be particularly psychologically beneficial. One possible explanation for the current results could be due to the fact that participants were recruited through religious list-serves and thus the sample as a whole was skewed towards higher levels of religiosity. According to the current findings then, it appears that failing to find harmony between one's Islamic and American identities was similarly impactful for individuals with differing levels of religiosity. It is conceivable that if the sample had included Muslims with low levels of religious involvement that this hypothesis would have been supported.

Among foreign-born non-converts, interest in American cultural activities was negatively correlated with acculturation stress. Among native-born non-converts, this relationship was not observed. These findings imply that participation in American cultural activities, at least those measured, may not decrease acculturation stress among native-born non-converts.

Among men interest in heritage cultural activities was positively correlated with acculturation stress and interest in American cultural activities was negatively correlated depressive symptoms. Additionally while interest in American cultural activities was

negatively correlated with acculturation stress among both men and women, the correlation was almost twice as large among men. These findings may partly be due to the fact that men may on average be more likely to work outside of the home. As a result, they are likely to come into more frequent and sustained contact with the host culture and thus a disinterest or unwillingness to engage in American cultural activities would lead to substantially more negative social or occupational consequences.

Hypothesis 2

The first part of the second hypothesis stated that integration of one's Islamic identity and one's American identity would predict level of acculturation stress and depressive symptoms. For the most part, this hypothesis was confirmed for the participants in the primary sample. Moderately strong and statistically significant correlations were found between religio-cultural identity integration and acculturation stress, depressive symptoms, and life satisfaction, in the predicted directions.

As measured, religio-cultural identity integration contained two subscales—identity distance and identity integration. When examined individually, both identity distance and identity conflict were significantly correlated with acculturation stress. While identity conflict also predicted depressive symptoms and life satisfaction, this was not the case for identity distance, which was not significantly correlated with either. It therefore appears that for individuals within this sample, feeling internal conflict between one's Islamic and American identities was linked to higher levels of acculturation stress and depressive symptoms and lower levels of life satisfaction, while feeling a strong internal separation between these two identities was only linked to

higher levels of acculturation stress. This finding makes sense given that high identity distance represents a strategy that is utilized to avoid experiencing the internal turmoil that might arise from attempting to reconcile disparate identities.

The second half of hypothesis two stated that the relationship between religio-cultural identity integration and the dependent variables would be moderated by religiosity, such that the correlations would be stronger for more religious individuals. For the current sample, this hypothesis was not supported in the case of acculturation stress, depressive symptoms or life satisfaction. This finding seems surprising given that for individuals for whom religion is experienced as very important, it would seem intuitive that integrating religion with other aspects of their identity would be particularly psychologically beneficial. According to the current findings then, it appears that failing to find harmony between one's Islamic and American identities was similarly impactful for individuals with differing levels of religiosity. One possible explanation for the current results could be due to the fact that participants were recruited through religious list-serves and thus the sample as a whole was skewed towards higher levels of religiosity. This is supported by the fact that on the RCI-10 which has a possible score range from 0-50, the mean religiosity score for the current sample was 40.41. In other words, individuals who are actively involved in a religious organization's list-serve are likely to all consider faith to be an important part of their identity. Therefore, it is conceivable that if the sample had included Muslims with low levels of religious involvement that this hypothesis would have been supported.

Notable differences were also found between the various subgroups. Significant differences were found between foreign-born non-converts and native-born non-converts on the variables of identity distance and identity conflict. Foreign-born non-converts exhibited higher levels of identity distance whereas native-born non-converts exhibited greater identity conflict. This finding makes sense given that identity distance is a strategy to avoid identity conflict. Given that native-born non-converts also report more interest in American cultural activities, it is likely that those who become more behaviorally integrated may no longer be able to maintain the identity distance and are forced to grapple with identity conflict. Interestingly, however, while among foreign-born non-converts a moderately strong relationship was observed between identity conflict and all three outcome variables, no significant relationship was observed between identity conflict and the outcome variables for native-born non-converts. This finding seems to indicate that among native-born non-converts, identity conflict, even though more highly reported, did not appear to be associated with decreased psychological well-being. One possibility for this finding is that the influence of second-generation Islam may serve an immunizing function against the negative impacts of identity conflict by recognizing these conflicts but still proposing a genuine, albeit limited compatibility between these identities. This idea that compatibility rather than conflict may be more predictive of acculturation outcomes for native-born non-converts is supported by the fact that notable correlations were found between both depressive symptoms and life satisfaction and the single item measure of identity integration (“My Muslim and American identity are very compatible”).

Hypothesis 3

Hypothesis three stated that religio-cultural integration would provide unique explanation of dependant variable variance (acculturation stress, depressive symptoms, and life satisfaction) when compared to bicultural integration. This hypothesis was not supported for either measures of behavioral integration (VIA and VIA-Islamic) or identity integration (BIIS and RCIS). Interestingly, the single item measure of religio-cultural identity integration did provide unique explanation of acculturation stress and life satisfaction variance, as was hypothesized.

These findings seem to provide only limited support for hypothesis three. One possibility for this lack of support may be that this hypothesis is false and that bicultural and religio-cultural integration may simply be different means of measuring a broader construct—for instance, one that might be labeled identity congruence. This possibility seems unlikely, however, given that with some measures (i.e. the single item measures of identity integration) and within and between certain subgroups (i.e. 1st and 2nd generation immigrants , converts and nonconverts) there were notable differences in correlation effect sizes between the bicultural and religio-cultural versions of each measure—a fact which suggests that these are separate constructs.

Another possibility is that bicultural and religio-cultural integration may be distinct processes, but ones that the participants or the measures themselves were not able to sufficiently discriminate between. This explanation, however, appears to be undermined by the fact that responses to integration measures and particularly the single item

measures of bicultural and religio-cultural integration did not approach the threshold for multivariate colinearity proposed by Kline (2005) (see table 8).

Another possible explanation for the lack of support for hypothesis 3 may be that unmeasured factors impacted the results. For example, it is conceivable that lack of religio-cultural integration (in other words, a separation strategy) may provide certain unmeasured benefits to psychological wellbeing that may have counterbalanced the hypothesized negative effects.

For example, whereas separation towards a heritage culture is likely to isolate an individual from both the host culture and other minority groups, because of the diverse demographic composition of Muslims in America, separation towards an Islamic identity connects the individual to a larger, multi-cultural minority group that includes members from the host culture (i.e. American converts). Thus while Muslims who adopt a strategy of religio-cultural separation may remain isolated from the mainstream American culture, they are still connected with a minority group that at least in composition is culturally and ethnically integrated. In fact a recent Gallup poll found that Muslims are the most ethnically diverse religious group in the U.S. (“Muslim Americans,” 2009).

Additionally, the rise of second-generation Islam, which has been described as a “best of both worlds” approach to integrating one’s Muslim and American identities, has had a large impact, especially among Muslims born in the West (Sheikh, 2008). This movement emphasizes personal responsibility, equality, and critical thinking—values that are also shared by American culture—while at the same time encouraging a return to fundamental Islamic values and practices and identification with the *ummah* (the

global Islamic community). Practices from one's heritage culture are de-emphasized or examined critically. Second-generation Islam also highlights the positive social, political, and scientific contributions of Islamic civilization throughout history.

Furthermore, this movement encourages political and economic involvement, but also provides clear rules of engagement with the dominant culture. Kibria (2008) hypothesized and found evidence that this "New Islam," especially among the second generation, provides adherents with a distinct, positive identity that is an important source of social support and self-esteem.

A recent study of Bangladeshis in America and the U.K. highlighted another phenomenon that may have impact on the outcomes of bicultural and religio-cultural integration (Kibria, 2008). Bangladeshis living in the U.S. noted that among the dominant culture the identification of "Muslim" was something that is widely recognized whereas to identify oneself as "Bangladeshi" produced little response or recognition from the majority of the dominant culture. This phenomenon is elaborated by one of the participants in Kibria's study:

Americans don't see us as Bangladeshi. If they just see us on the street, maybe they think that we are Indian, or Mexican, Latin American. It does depend on how one looks, and how one is dressed. If I say I'm from Bangladesh, the most common reaction is "Where's that?" Or: "Oh, that's the place with all the starving people." They have no idea. But if they understand that I'm Muslim, either from my name or for whatever reason, then it's different. I'm not saying that they actually have real

knowledge of Muslims either, but the idea of Muslim means something to them whereas Bangladesh means almost nothing to them (p.257).

Given these findings it seems that separation towards a Muslim identity may provide the individual with a widely recognized identity—“Muslim”—whereas in America one’s heritage culture may simply remain unrecognized. While individuals who strongly identify with Islam may experience active oppositional forces such as discrimination or aggression from the host culture, those who strongly identify with their host culture may simply remain invisible. It may be that from a sociological perspective to separate towards one’s heritage culture in an American cultural context may in fact be a form of societal marginalization.

All of these factors—increased social support related to the diversity within the Islamic community, the formation of a distinct, global and strongly positive identity and the adoption of an identity that is more salient (i.e. religious instead of ethnic)—point to the possibility that separation towards an Islamic identity may provide unmeasured psychological benefits for Muslims. In order to further explore this possibility, individuals’ scores on the VAI were subtracted from their scores on the VAI-Islamic in order to estimate one’s preference for religious separation (as reflected by more positive values) over cultural separation (as reflected by more negative values). This score—indicating one’s preference for religious separation over cultural separation—was found to be negatively correlated with acculturation stress ($r = -.36, p = .021$). Though not achieving statistical significance, correlations were also observed with depressive symptoms ($r = -.11, p = .265$) and life satisfaction ($r = .22, p = .107$). This finding

supports the possibility that for Muslims aligning with one's religious group provides unique psychological buffers that are not manifest through association with one's ethnic group.

Although not directly related to hypothesis 3, few notable differences were found between the VIA and VIA-Islamic subscales. Among foreign-born non-converts, interest in American cultural activities was found to be particularly predictive of decreased acculturation stress, whereas interest in heritage cultural or Islamic activities was not significantly correlated with acculturation stress. This finding seems to imply that for this group, a willingness to participate in American cultural activities is the most important predictor of successful acculturation.

On the other hand, among native-born non-converts, neither interest in American cultural activities nor Islamic activities was significantly correlated with acculturation stress. Only interest in heritage cultural activities was predictive of acculturation stress, in this case such that higher levels of interest predicted higher levels of acculturation stress. This finding seems to imply that for native-born non-converts the maintenance of heritage cultural activities, but not Islamic activities, may produce psychological stress. This finding seems to support the theory that the Global Islam movement in America may provide Muslims, especially native-born Muslims, with a means of maintaining a part of their heritage identity without experiencing increased levels of acculturation stress.

Hypothesis 4

Hypothesis four stated that religiosity would be correlated with decreased depressive symptoms and increased life satisfaction. This hypothesis was supported by the findings in the primary sample as well as in many of the subgroups that were examined (see Table 13). These results are similar to previous findings that highlight the relationship between religiosity and positive mental health. Among the subgroups, the only notable exception to this finding was among the convert subgroup. For converts of color religiosity was negatively correlated with life satisfaction and for converts of European descent religiosity was positively correlated with depressive symptoms. Although an explanation for these discrepant findings is not apparent, they point to religiosity playing a different psychological role for converts versus non-converts. For Muslims specifically, it seems natural that some differences between converts of European descent and African-American descent might be found, given the likelihood that such a conversion might have a very different social impact within these two communities. These results should be interpreted with caution given the small sample size, but highlight the importance of the further study with these subgroups.

Limitations of Study

There are a number of limitations of this study. Primary among these was the fact that data was collected from a sample of convenience and therefore may not be representative of the total population of Muslims living in America. Furthermore, given that the survey announcement was distributed through email list serves and then likely passed along to friends or to other list serves, it is impossible to get an accurate estimate

of the response rate. Perhaps individuals who were willing to participate may differ in some meaningful ways from the overall population.

This possibility is supported by Amer's (2005) suggestion that some Muslim participants may fail to engage in studies out of suspicion about the investigator's motives. Religious leaders who were invited to help distribute information about the current study did indeed express their concern that such suspicions may effect willingness to participate. Those who did engage in this research, then, may differ in terms of being more trusting or open to scientific examinations of their group.

Another limitation is that while all individuals who categorized themselves as Muslim were eligible to participate, this study was announced through religious listserves. This sampling method may have resulted in an under-representation of Muslims with low levels of religiosity and is likely to also have contributed to the lack of strongly assimilating individuals in the sample. It is also likely that using web-based data collection may have resulted in a bias towards younger and more affluent participants who are likely to be more tech-savvy and have convenient access to a computer.

Among those who began the study there were a large number of participants who failed to complete the survey (45.25%). One possibility for these incomplete response sets may be due to technical difficulties or participant attrition due to the time requirement (20-40 minutes) involved. In order to avoid missed responses, the survey was designed to not allow participants to progress to the next page until they had entered responses in all of the fields. It is possible that participants may have missed a response and then become confused about why they were unable to progress further in the survey.

Alternatively, since the survey program allowed participants to leave and return later to complete the survey, it is possible that some participants may have left with the intention of completing the survey at a later date and then have forgotten to return. Whatever the explanation for the attrition rate, if individuals who failed to complete the survey differed from the overall group, such a difference might have affected the results.

Beyond limitations related to sampling issues, there were also concerns with some of the measures that were utilized. For example, though the CES-D was selected for its somatic, affective, and cognitive assessment of depressive symptoms, there may still have been a tendency for this population to under-report symptoms of psychological distress. Such a possibility would obviously impact the effect sizes within the results.

Another measurement concern is due to the fact that two of the measures used to assess integration were originally developed within an ethno-cultural conceptualization of acculturation, and therefore had to be modified to encompass a broader conceptualization of an identity-based (versus culture-based) acculturation process. This is particularly true with the BIIS and RCIIS, where on many of the items the word culture was replaced with the term identity. Modifying these measures means that they cannot be viewed as a utilization of the original measures with a new population.

While none of the culture-to-identity modified items were found to be responsible for low reliability, it is still worth noting that the measures evidenced somewhat low reliability overall. Coefficient alphas were relatively low for the BIIS distance (.62), RCIIS distance (.62) and RCIIS conflict (.64) subscales. For this reason, the subscale scores for both measures should be interpreted with caution.

Implications for Future Research

The finding that among a sample of Muslims living in America, integration between one's Islamic and American identities was correlated with reduced acculturation stress, reduced symptoms of depression, and increased life satisfaction, opens an avenue for a number of lines of further study. One important question that remains unanswered by the current study is why some Muslims are able to reconcile their Muslim and American identities and some are not. As with bicultural integration (Duru & Poyrazli, 2007; Neto, 2002; Ward, Leong, & Low, 2004), it is likely that personality variables may play a role in predicting the acculturation strategy adopted by Muslims living in America, as well as the outcomes of these strategies.

Yet unlike bicultural acculturation, it seems likely that religious variables may play a key role in predicting religio-cultural integration. Interestingly, however, religiosity in itself was not correlated with either measure of religio-cultural integration (RCIIS: $r = .06, p = .271$; the single item measure: $r = .06, p = .272$), suggesting that more complex factors, such as one's interpretation of religious doctrine, may be more salient. It would be interesting to explore these factors—whether personality, familial, spiritual, or cultural—and how they interact to determine one's approach to religio-cultural integration. The relatively neglected field of spiritual modeling, for instance, may play an important role (Oman & Thoresen, 2003).

Furthermore, the generational differences observed in the current study speak to the importance of better understanding the unique acculturation challenges that first and second-generation immigrants each face. Of particular relevance is the impact of second-

generation Islam on the acculturation process of Muslims born in America. While researchers have begun to explore this topic (Kibria, 2008; Sheikh, 2008), there is still a paucity of quantitative data.

Further investigation of the impact of second-generation Islam on acculturation is likely to pose some particular challenges for researchers. This is because the movement encourages Muslims to adopt a hybrid acculturation strategy that defies traditional acculturation strategy typologies. Adherents are encouraged to engage in the larger society, but with clearly defined rules of engagement. This “selective separation” may best be studied by using measures of behavioral or psychological acculturation specifically derived from these doctrinally determined norms. For example, participation in activities such as educational outreach, volunteerism, and interfaith dialogue, which provide Muslims with a positive, identity affirming means of engaging with the host culture, may be particularly associated with positive acculturation outcomes.

Finally, among converts as compared to non-converts, the divergent results between predictor variables and acculturation outcomes indicates that further study is necessary to understand the unique psychological processes at play for Muslim converts.

Implications for Clinical Practice

The findings of this study bear important implications for clinical practice. Of these, one important point for clinicians to be aware of is that while many Muslims may engage in Islamic and American cultural activities, they may still struggle internally to reconcile their Muslim and American identities. For those who seek services, clinicians can serve an important function as a neutral observer and active mediator between these

identities. The clinician may also assist the client by helping him or her to make intentional choices about which aspects of an American identity they would like to adopt or reject. When working with clients that are interested in address acculturation issues, the clinician may be able to assist the client by brainstorming positive means of behaviorally engaging with the host culture that are still congruent with their faith.

In exploring these identity issues, the single item measure of religio-cultural identity integration utilized in this study—“My Muslim and American identities are very compatible,”—can serve a number of clinical uses. First as an assessment tool, this question provides a concise way of gauging a client’s level of religio-cultural identity integration. Secondly, it may serve to open a topic for further discussion of behavioral acculturation as well as intra-psyche identity conflict.

Another finding that holds clinical implications is that identity integration was more highly correlated with positive acculturation outcomes among participants who were highly religious (religion being a moderator variable). When this result is paired with Haque-Khan’s (1997) finding that more religiously-oriented (particularly extrinsically-oriented) Muslim women in America held less favorable views towards mental health seeking, it seems likely that those for whom religio-cultural identity integration would be most beneficial may be the least likely to seek clinical services. Therefore, in order to reach these individuals, it may be more beneficial for the clinician to intervene at an organizational level. This could include outreach and education about mental health services, but perhaps more importantly might involve assisting in promoting activities that affirm the student, employee, or community member’s Islamic identity while

providing avenues for positive engagement with the dominant culture. Examples of such activities could include educational outreach, volunteerism, and interfaith dialog.

Another finding worth mentioning is the divergent results between predictor variables and acculturation outcomes for converts as compared to non-converts. The discrepancies indicate that the Islamic convert experience may be particularly stressful. Converts are likely to face unique familial and social challenges as they take on an unfamiliar and frequently maligned identity. Clinicians should therefore be sensitive to issues that may have led to, or arisen because of, these clients' choice to adopt a new religion.

Finally, the finding that religiosity was correlated with positive mental health outcomes suggests that developing congruence between the clinician's intervention and the client's religious values is likely to serve an important role in determining successful treatment.

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APPENDIX A

Email Announcement

Bismillah ar-Rahman ar-Rahim

As-salamu alaikom,

My name is Glenn Olds and I am a fifth year psychology graduate student at Texas A&M University. As a revert to Islam, I am interested in better understanding the experience of Muslims living in America. For my dissertation I am therefore completing a study that investigates the role that faith plays in the acculturation process of Muslim Americans. Please note that because of the topic of this research, only individuals who consider themselves to be Muslim and who have resided in America for two years or more are being asked to participate in this study.

I am writing in hopes that you might be willing to participate in this study by completing five short surveys. This process is likely to take about 30 minutes of your time. Participation is of course voluntary, but your help would be greatly appreciated. Participation will not require you to give your name, and thus all responses will remain anonymous. If you choose to participate, five dollars will be donated to one of three charity organizations of your choice (Islamic Relief, Small Kindness and Mercy USA).

This research study has been reviewed by the Human Subjects' Protection Program and/or the Institutional Review Board at Texas A&M University. Information on how to contact this board is provided in the informational sheet (see below). Please read this sheet before completing the study.

If you would like to participate in this study please click on the following link:
(www.____.com)

Thank you for your time,

Glenn Olds

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